

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305; Jackson, MS 39216

(601) 362-6914

ENDORSEMENT/RECIPROCITY QUESTIONNAIRE

The individual named below, who is or previously has been licensed in your state, has made application for license by endorsement as a Nursing Home Administrator in Mississippi. Please complete the following form and return to the above address. Thank you.

(The upper portion to be completed by applicant. **Provide a copy of this form to each state board that has issued you a license - include all states since original licensure**)

NAME: _____ HOME ADDRESS: _____

BUSINESS ADDRESS: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

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(This portion to be completed by an authorized individual with the state licensing board)

Is the above information the same as your records? Yes _____ No _____

LICENSE NUMBER: _____ DATE ISSUED: _____ DATE EXPIRES: _____

Did your state issue original license? Yes ___ No ___ If not, indicate state of original license _____

STATUS OF LICENSE: Active _____ Inactive _____ Expired _____

According to your records, what is the highest level of education achieved by this applicant? _____

If original license was issued by your state, please complete the following two questions:

Exam Score: Type _____ Raw Score _____ Scale Score _____ Date of Exam _____
(NAB, PES or Other)

Was an A.I.T. Practicum successfully completed? Yes _____ No _____

Length of practicum: _____

Has the applicant ever been disciplined by your Board? _____

If yes, please explain _____

According to your records, is the applicant in good standing with your Board at this time? _____

If no, please explain _____

Does the applicant currently have an investigation or a disciplinary action pending? Yes _____ No _____

Name of individual completing this form

Signature

Official Title

Date

Mailing Address

Phone Number

City, State, Zip Code

Email Address

STATE SEAL